PARTICIPANT EVALUATION FORM

PURPOSE: To help sponsors determine how well they accomplished the goals established for the program/service.

DATE: ____________________

SPONSORING CLUB/ORGANIZATION: ____________________________

EVENT: ____________________ LOCATION: ___________________

Using the following scale, please rate the various aspects of the program/service.

- Excellent __________ 5
- Very Good __________ 4
- Good __________ 3
- Fair __________ 2
- Poor __________ 1

1. Content: How informative was the program/service? ________
2. Format: How well suited was the format to the subject and presentation? ________
3. Presenter: How effective was the presentation? ________
4. Publicity: How well did it describe the program/service? ________
5. Facility: How comfortable was the room in which the program/service was presented? ________

Did the program/service meet your expectations? Yes ________ No ________

Explain _______________________________________________________

What was most enjoyable/helpful about the program/service? _________________

How could this program/service be improved? ____________________________________________

How did you find out about this program/service? ________________________________

Would you help plan such a program/service? Yes ________ No ________

If yes, please provide your name, address and phone number.

Name: _____________________________________________________________
Address: ___________________________________________________________________

Student______ Faculty/Staff______ Community______

THANK YOU FOR YOUR COMMENTS.